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JPRS Report

Epidemiology

Epidemiology

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CONTENTS

21 MARCH 1989

SUB-SAHARAN AFRICA

INTER-AFRICAN

- AIDS Figures Reveal 'Alarming Situation'
[Lebry Leon Francis; Abidjan *FRATERNITE MATIN*, 16 Jan 89] 1

NIGERIA

- Retaliatory 'AIDS-Free' Policy To Be Adopted
[Onajomo Orere; Lagos *THE GUARDIAN*, 31 Jan 89] 1
- Controversial Blood Transfusion Policy Halted
[Joseph Nakpodia and Onajomo Orere; Lagos *THE GUARDIAN*, 29 Jan 89] 2

SOUTH AFRICA

- AIDS Deaths Increases by Region Noted [Laura Nelson; Durban *THE DAILY NEWS*, 2 Feb 89] 3

UGANDA

- Medical Support Group Seeks To Combat AIDS 4
- Volunteer Effort in Kampala [Kalibala; Kampala *NEW VISION*, 18 Jan 89] 4
- Team in Rakai Shunned [Kampala *NEW VISION*, 1 Feb 89] 5

EAST ASIA

THAILAND

- Number of AIDS Cases Reaches 4,692 in February [Bangkok *BANGKOK POST*, 4 Mar 89] 8

NEAR EAST & SOUTH ASIA

JORDAN

- Two More AIDS Cases Discovered [Abdallah Nassur; Amman *JORDAN TIMES*, 2-3 Feb 89] 9

WEST EUROPE

CANADA

- AIDS-Related Issues Reported 10
- Experimental Drugs [Kelly Toughill; Toronto *THE TORONTO STAR* Feb] 10
- Prison Treatment [Windsor *THE WINDSOR STAR*, 13 Feb 89] 10
- North American Insurance Provision
[Angela Barnes; Toronto *THE GLOBE AND MAIL*, 15 Feb 89] 11
- Sun Life Insurance Provision
[Angela Barnes; Toronto *THE GLOBE AND MAIL*, 16 Feb 89] 11
- Spinal Meningitis Cases Increasing in Ontario 12
- Incidence in Recent Years [Doug Ibbotson; Toronto *THE TORONTO STAR*, 9 Feb 89] 12
- Recent Cases [Toronto *THE TORONTO STAR*, 16 Feb 89] 12
- Rise in PCB Level Among Quebec Inuit Causes Concern
[Toronto *THE GLOBE AND MAIL*, 7 Feb 89] 12

DENMARK

- Minister Announces New AIDS Information Campaign [Copenhagen INFORMATION, 9 Jan 89] . 13
Aids-Free Certificate for Life Insurance Instituted [Copenhagen INFORMATION, 29 Dec 88] 13
Gonorrhea Incidence Lowest in 120 Years [Copenhagen INFORMATION, 2 Jan 89] 13
Influenza Cases Continue To Increase [Copenhagen INFORMATION, 6 Jan 89] 14

FINLAND

- Youth Seen Especially Susceptible to AIDS Threat 14
Increased Venereal Disease [Helsinki HELSINGIN SANOMAT, 10 Jan 89] 14
Few Pregnant Women Infected [Helsinki HELSINGIN SANOMAT, 11 Jan 89] 15

GREECE

- Number of AIDS Carriers Increasing Rapidly [Artemi Domenikou; Athens ETHNOS, 17 Jan 89] ... 15
Leishmaniasis Cases in Dranya Area Reported [Athens I VRADYNI, 20 Jan 89] 16

SWEDEN

- Number Infected With HIV Virus Rises Again [Stockholm DAGENS NYHETER, 26 Jan 89] 16
AIDS Link Studied in Survey of Stockholm Prostitutes, Clients [Stockholm NY DAG, 2 Feb 89] 16
Increased Deaths Reported From Streptococcus Epidemic
[Stockholm DAGENS NYHETER, 26 Jan 89] 17

INTER-AFRICAN

AIDS Figures Reveal 'Alarming Situation'

54000050 Abidjan FRATERNITE MATIN in French
16 Jan 89 p 25

[Article by Lebry Leon Francis: "Africa Alarmed by the Scourge"]

[Text] Africa has moved from the "secret-disease" and panic phase to a phase of research and discussions on AIDS, by taking part in various meetings organized on the subject on the continent and throughout the world.

A regional seminar was held in October 1987 in Cotonou (Benin) and was attended by 14 African countries and by observers representing nongovernment organizations, the EEC, the northern European countries, and so on.

In France during the same period, an international symposium in Paris brought together representatives from 115 countries. As is apparent, each day the disease transcends the simple medical context and takes on social, economic, and even political dimensions. For increasingly it appears that only real international cooperation will make it possible to lessen the effects and psychological complexes created by AIDS.

In this situation, Africa seems to be the most panicked. This is because the number of African ill grows steadily (in 1987, 6,000 cases were counted and today the figure ranges between 50,000 and 300,000 potential cases). It is also because our continent does not have, as the industrialized countries do, great technological resources for screening or tests for AIDS. In any case, the development of this scourge is quite alarming in Africa. Scientists agree on that point. Thirty percent of the people are considered seropositive, that is, they have the trace of an immunological reaction in their serum showing infection with the HIV virus.

But in Africa, contamination seems to depend on bad sexual habits rather than on other modes. Prostitutes, who have been declared to be 90 percent seropositive, are not the only sources of this misfortune. Other partners contribute to the illness.

However, the point will increasingly have to be made that contamination through blood transfusions is becoming significant. During medical treatments, it is being observed more and more that many injections with contaminated blood products are being made, and many blood transfusions are performed poorly, without the usual precautions. Repeated use of a disposable medical product, often designed for a single use but reused for lack of resources, is also seen.

Today Africa is still seriously unarmed against the spread of the disease. Forty countries have reported cases of AIDS and the havoc it has wreaked across the continent makes it a public health problem at least as

important as the others. Epidemiological studies conducted by the WHO in different African countries do not tell the whole truth of the story. But the disproportion between needs and available resources is so great! To point up the tragedy of the disease, the following example has already been given: The annual cost of an AIDS patient in the United States or France equals the annual budget of the biggest hospital in Zaire. How can tiny African countries pay for the care of several of their citizens when budgets are far from comparable to those of the large countries mentioned? Even the creation of a pan-African anti-AIDS organization would lack sufficient resources. Yet they say, to calm people's minds, that we must not despair.

NIGERIA

Retaliatory 'AIDS-Free' Policy To Be Adopted

54000155b Lagos THE GUARDIAN in English
31 Jan 89 p 3

[Article by Onajomo Orere]

[Text] Moves to initiate retaliatory measures against countries demanding AIDS-free certificate from Nigerian immigrants started at the week-end.

Health Minister Professor Olikoye Ransome-Kuti said the government was worried by the development, especially since last year, when members of the presidential committee on brain drain, who wished to visit Saudi Arabia to interview Nigerian professionals migrating there to work, were allegedly asked to produce AIDS-free certificates before they could get a visa.

The committee members, who were said not to have been given a written instruction from the Saudi Embassy in Lagos for the certificate, later underwent the screening at the Health Ministry's vaccine production laboratory, Yaba, Lagos mainland.

All were found negative and they were issued a letter signed by the consultant, who said the committee members were tested for the Human Immunodeficiency Virus (HIV) type one and as of that date, they were found negative.

The committee members, armed with their certificates, got visas and travelled. They have since returned.

So concerned was the Health Ministry that it took the matter up with the External Affairs ministry which has statutory powers to deal with embassies.

Ransome-Kuti told THE GUARDIAN at the week end that although the ministry is aware of the demand made on the brain drain committee, it could not act on it because there was no documentary evidence.

The government, he said, would like to have a written evidence "in this kind of issue" before taking action.

The issue of AIDS free certificate as a precondition for granting visa is a delicate one for Nigeria considering its position at last year's health ministers' conference in London when a resolution it sponsored was unanimously adopted by the over 128 countries that attended.

Nigeria proposed that the World Health Organisation (WHO) insist that no country demands AIDS-free certificate as a condition for travel.

Before the conference, many countries such as Egypt, India, China and several European countries had begun demanding for the certificate from Africans whom they wrongly accuse of being the reservoir of the yet incurable AIDS.

The global statistics on AIDS stress the fallacy that the disease originated from Africa and that its nationals be treated with contempt.

Controversial Blood Transfusion Policy Halted
54000155 Lagos *THE GUARDIAN in English*
29 Jan 89 pp 1 & 3

[Article by Joseph Nakpodia and Onajomo Orere]

[Text] Fearing a harsh public backlash, the Lagos State Ministry of Health last week withdrew its two-month-old policy of asking blood receivers to sign or thumbprint an improvised undertaking that they (patients) would be legally liable should they be transfused with diseased blood.

One of the state hospitals, Lagos Island Maternity Hospital (LIMH), began implementing the policy on 21 November, last year, when a senior pathologist instructed the hospitals in the state to ask patients to sign a consent form before being transfused with unscreened blood. It was to absolve the hospital of legal liabilities.

The form was essentially the same standard surgery consent form "MOH 23" but where the word "surgery" appeared, some administrators crossed it out and wrote in long hand "blood transfusion."

When a patient was to be operated on, the form was read out to her or the relations and if they agreed (and most did without realising the implications), it was signed or thumb-printed and then pinned to the patient's case note before being attended to.

Most emergency cases were transfused without the consent form while "cold cases," (patients on prior appointment), necessarily attracted it.

Ten days ago, Health Commissioner Adekunle Desalu hurriedly ordered a halt to the controversial policy. The order came the very day *THE GUARDIAN* visited him for confirmation.

Desalu had denied it and called some state hospitals frantically to know if any of them had initiated such unethical practice.

But at a second meeting last Friday, he admitted that it was true that such an unauthorised policy was being implemented only by LIMH, out of the 23 standard hospitals in the state.

He said a warning had been issued to the initiators of the policy.

Rationalising the source of the directive, the commissioner said the official could have misunderstood one of his circular letters on AIDS and blood transfusion issued last year after health minister, Professor Olikoye Ransome-Kuti, directed that all states endeavour to screen blood before transfusion to avoid inadvertent transfusion with the AIDS virus.

But the present situation in many states including Lagos, is that they do not have the facilities to screen blood for transfusion.

Constraints on the hospitals are legion. First, as explained by some of the doctors (at LIMH and the General Hospital, Lagos GHL), the state government is yet to reach an agreement with the Federal Vaccines Production Laboratory, Yaba, Lagos or the Lagos University Teaching Hospital (LUTH), on whether the patient or the hospital should bear the cost of screening.

According to the doctors, the screening centres granted the state government a concession by pay N25 per blood sample screened, a 100 per cent reduction. But the hospitals are insistent that the patient should bear the cost.

Another problem is that the state government is yet to buy its own AIDS screening machines and reagents. An AIDS screening machine now costs about N25,000 and reagents in the last six months, cost about N60,000.

There is also the problem of dearth of blood bags. According to several doctors who spoke to *THE GUARDIAN*, the last set of blood bags bought by the state government at N18 a piece with a "floating vote" of N30,000 last November is now exhausted. And Health Commissioner Desalu said plans were afoot to buy more bags and reagents but regretted that the price has shot up to N25 a piece from N7.50 early last year.

The perennial shortage of blood bags has forced on the doctors a crisis situation they can no longer control. Patients obtain their own blood in bags for transfusion.

The heavy traffic of patients at the hospitals including the Island Maternity, who require transfusion has made it impossible for doctors to vouch for the quality of the blood brought by patients. The sources claimed that this was one of the reasons why patients were advised as to the risk they face in receiving unscreened blood and why the patient must sign an undertaking that they were aware of the consequences.

One of the doctors at LIMH said it was a good measure of protection for the hospital because of the uproar that greeted revelations last year of the inadvertent AIDS transfusion in a federal hospital.

According to the doctor, LIMH is helpless in a situation where a patient buys gloves, sutures, needles and syringes and also has to bring her own blood.

Last week, Desalu said the state government took the issue of AIDS seriously but cash-flow problems had prevented the state from buying its own screening machine and reagents, instead, the state relied on the two federal screening centres in Lagos.

But he insisted that blood for transfusion was being screened for hepatitis B, another deadly but vaccine preventable blood virus. He also added that the state would buy some AIDS screening machines and reagents this year.

He said it is untrue that the state is stuck on negotiations with the Lagos University Teaching Hospital (LUTH) and the Vaccine Production Laboratories, Yaba, Lagos, the two federal screening centres in Lagos, over the mode of payment for screened blood.

Other sources in the state health ministry confirmed that the federal centres agreed to charge N25, for each blood screened for the state's hospitals. But the talks went into a stalemate when the centres insisted on cash payment.

Besides, the state is yet to work out an acceptable formula of passing the buck to patients.

The health commissioner said patients should pay at the point of donation for the cost of screening, irrespective of whether she would need it later or not.

Health Minister Ransome-Kuti also supported Desalu on this point, saying it should be included in the patients' bill.

But Ransome-Kuti said Lagos State ought to have begun using its screening machine and reagents given to it and other states in September last year. Lagos State and 11 other states, except Akwa Ibom, Katsina States and the Federal Capital Territory, Abuja, were given their machines and reagents.

Still Ransome-Kuti was sympathetic with the plight of the state government. The shortage of essential medical software, in Lagos State and other federal hospitals, he noted was not the making of any one government but a direct, fall-out of the bad economy.

"How can you expect a government that earned over \$21 billion from oil in 1981 to manage with \$5 billion currently being earned," Ransome-Kuti wondered.

Among the first critics of the suspended consent policy was former vice chairman of the Nigerian Medical Association (NMA), Dr. Beko Ransome-Kuti who said it was "unethical to do." It was the duty of doctors to ensure that only wholesome blood was transfused, he stressed.

The vice-chairman of the National AIDS Committee and Federal Director of Diseases Control and International Health, Dr. Gabisiu Williams also condemned the practice, saying it was not just right to do.

SOUTH AFRICA

AIDS Deaths Increases by Region Noted
54000053 Durban *THE DAILY NEWS* in English
2 Feb 89 p 17

[Article by Laura Nelson]

[Text] The death toll from the dreaded AIDS virus is increasing steadily—killing 106 people in South Africa, 37 of them last year.

This is the highest death rate in recent years—and figures show a mounting increase in AIDS deaths.

In 1987, 35 people died compared with only 17 the previous year and 10 in 1985.

These statistics have been released by the National AIDS Advisory Group and published in the latest South African Medical Journal.

Their release comes just after the news that a black man with full-blown AIDS has been admitted to a Durban hospital.

Professor Dennis Pudifin, a member of the National AIDS Advisory Group, said the man was from the Durban area but was not a homosexual. His identity was being kept secret.

"This brings the number of cases last month to two. We already have a three-month-old baby in the same hospital," he said.

He said the number of people who had tested positive for AIDS was still increasing in Natal.

Of the deaths listed in the Medical Journal, 90 victims were from South Africa and the remaining 16 from outside its borders.

So far, there have been 175 cases of full-blown AIDS in the region, with 151 from South Africa.

At present, the mortality rate stands at a depressing 60 percent which means that at least another 80 people will die from AIDS in the next few years.

According to the statistics, the highest number of cases comes from the Transvaal which has had 92. Of these, 41 people are still alive.

The Cape has had the second-highest number of cases with 29, eight of which are still alive.

Close behind is Natal with 28 cases. Twenty-three of them are from Durban and 12 people are still alive.

The statistics indicate that 116 of the AIDS cases in South Africa have been homosexuals and 19 heterosexuals.

Five people were infected from blood transfusions and another eight were haemophiliacs.

According to the National Aids Advisory Group, most AIDS cases in South Africa—or 125 people—were white.

The black population was far behind with only 25 cases, followed by coloured people with four and Indian people with only one case.

And 140 of the cases were men and only 11 women.

Concentrating on countries outside South Africa, 10 of them came from Malawi, followed by Zambia with eight.

Zaire, Haiti, Canada, Brazil, Holland and Kenya had only one each to make up a total of 24 cases.

Of these, eight are still alive.

A surprising 21 were heterosexual, while only two were homosexual or bisexual. Only six were white, 17 were black and one Indian.

The Department of National Health and Population Development will provide all doctors with the latest information about Aids.

"A total of 20,000 pamphlets have been printed and the department plans to send one to every doctor in South Africa," a spokesman said.

UGANDA

Medical Support Group Seeks To Combat AIDS

Volunteer Effort in Kampala
54000154 Kampala NEW VISION in English
18 Jan 89 p 4

[Article by Kalibala]

[Text] A group of doctors and primary health educators, specially assigned to carry out Rakai project on AIDS control, has found it difficult to win acceptance by residents of Rakai District. The residents run away from

their homes as early as 5 or 6 A.M. and go into hiding from the medical team. Others keep watching and disappear as soon as they see a vehicle in which the medical team travels.

This was reported by Dr David Sserwada, leader of the medical team, now busy working on blood sampling, primary health education counselling and asking several questions, in Rakai District.

In a low spirit, Dr Sserwada was addressing Rakai District Development Committee which sat in Kyotera chaired by Rakai DA Robina Kasadha, assisted by Rakai RC V chairman Paul Muwawu Lubowa and District Executive Secretary Elias Bushoberwa.

Dr Sserwada was with Dr Stanley Musgrave from Columbia University, USA, Mr Joseph Ndumu of the Uganda Virus Research Institute, Entebbe, and Dr G. Kigayaza, Rakai District Medical Officer.

They are on an AIDS programme agreed on by both Makerere and Columbia Universities, working together with the Ministry of Health. They are supposed to go from house to house blood sampling, counselling, and asking several questions including sensitive ones to AIDS victims and other residents of Rakai District.

Dr Sserwada said "People run away from us because they think we are going to give them injections that will eventually kill them, and that the injections will keep others sexually impotent for the next nine years.

"This is wrong", Dr Sserwada emphasized in a strong tone, adding: "It baffles me to be looked at as a murderer. Professionally, we doctors try to prolong life, even if somebody has cancer.

In our profession, we are not allowed to kill. We don't train to kill, and the government cannot allow us to kill its citizens. I just do not know where this idea originated from.

Dr Sserwada explained: "The medical team in Rakai just aims at blood sampling without putting any poison in the injection. It is just a very small drop of blood we get from a person for screening for HIV, nothing else. We can't go out to kill people. The government simply wants to know how many victims of AIDS and how far its concentration is in Rakai District, in case cure medicine is announced today or tomorrow.

"We have been hurt very much by talk that we came to kill people. This is completely unimaginable, it is regrettable that our team has found it difficult to be accepted into the community in Rakai District just because of this unfounded rumor.

"Doctors could not just sit back and look, waiting for five or ten years when the killer disease continues to claim lots of lives, so we came out, but people have refused to appreciate our efforts and intentions.

DA Kasadha requested the medical team not to despair but continue counselling. She said sometimes it takes a long time for people, especially in remote villages, to believe medical doctors and appreciate medical services.

She implored RC V councilors to go back to the villages and mobilize RCs to educate the masses on AIDS control programme.

Team in Rakai Shunned

54000154 Kampala NEW VISION in English
1 Feb 89 pp 1, 8

[Text] Before it kills us, we want to see how much we can offer to the community, to prevent other people from getting it and to help those with the disease to live positively with it. At first we were shy of talking about our condition, but the more you keep quiet about AIDS, the quicker it gets you."

Nestor Banyenzaki is publicity officer for the Kampala-based AIDS support group, Taso. This innovative voluntary group, still less than a year old, aims to provide emotional support for Ugandan AIDS victims and their immediate families. It is the first of its kind in Africa. Its office is at Mulago Hospital.

Uganda, associated over the past 20 years with reigns of terror and bitter civil conflicts, has more recently gained a reputation as the home of tragic families devastated by 'Slim', as AIDS has been known since its first appearance in the country.

The first Ugandan victims were businessmen, who died of a mysterious emaciating illness in 1982 at Kasensero, a village on the shores of Lake Victoria.

The disease was evidently brought into the country by lorry drivers travelling the busy Trans Africa Highway from Mombasa on the Indian Ocean to Zaire, and the worst hit areas, including the notorious Rakai district where a third of the population is estimated to be HIV antibody positive, now straddle this route.

In Uganda, AIDS is predominantly a heterosexual disease, affecting men and women in almost equal numbers, with the mean ages of male and female sufferers 28.7 and 24.6 years respectively.

There is also a growing number of cases amongst the 0-5 age group, as the virus is passed from mother to child. Recent tests of mothers at ante-natal clinics in Kampala have shown that 13 per cent are carrying the virus.

The exact number of cases in the country is impossible to estimate, but the total number reported—the tip of the iceberg—was 4,734 at the end of May, out of a population of 14 million. Ninety per cent of these were diagnosed after a test, but in many areas the test is not available. It is also prohibitively costly.

In the areas where AIDS has been known for many years now, villagers can recognize the physical symptoms instantly. "They will say that one is HIV positive, and in my experience they are usually right," says Rose Ojumu, Taso's nursing officer.

Due to the openness of President Yoweri Museveni's government, which has a huge AIDS control programme, there is a high level of awareness of the disease throughout Uganda.

"Love Carefully" stickers are everywhere, and "zero grazing" (keeping to one sexual partner) is supposedly coming back into fashion. But despite a massive public education campaign, Nestor Banyenzaki laments that "people don't really pay attention until AIDS knocks at their door."

Uganda's AIDS education campaign is not centered on the promotion of the use of prophylactics as similar programmes have been in the US and Europe.

In the words of Dr Samuel Okware, director of the AIDS Control Programme: "We have to be cautious about advocating condom use until we fully understand local cultural practices and attitudes."

Unprotected sexual contact is therefore the main means of transmission. Another major source of infection is the use of unsterilized needles by health workers.

A teacher in the east of the country reports how the local nurse sharpens her only needle on a stone before inoculating queues of children against a string of diseases.

Taso was founded by Noerine Kaleeba and Dr Elly Katabira who runs a weekly AIDS clinic at Kampala's Mulago Hospital. Noerine's late husband was diagnosed as HIV positive whilst studying at Hull University in Britain. Before leaving Uganda, he had been involved in a traffic accident and received a transfusion of infected blood.

Noerine, an ebullient woman who has escaped infection herself, felt keenly the isolation and lack of understanding she felt on her husband's death. She was determined to create something positive out of her experience and her primary aim in starting Taso was to provide counselling for sufferers and their families, giving emotional support on a personal basis.

She describes how "for sufferers the psychological trauma of being shunned by their families and friends is really the hardest thing to deal with, and of course such upset makes physical symptoms worse."

The extended family network which provides the only reliable means of support in Uganda is not strong enough to take the strain of AIDS. This structure has already been weakened by the distrust, bereavement and disruption caused by civil war and AIDS reawakens all people's fears and suspicions.

"There is still little understanding of how the disease is spread, and a shocking lack of knowledge even amongst the medical profession."

Mrs Kaleeba adds: Ignorance and fear are our biggest enemies, as they lead people to neglect the sufferers. In many rural areas it is held that there are two types of 'Slim.'

There is the straightforward clinical form, and then there is that caused by witchcraft, by angry ancestral spirits and so on. Obviously such superstitions make our job that much harder.

Taso now has five full-time staff and 50 clients, mainly in Kampala, with a new office in Masaka, center of the worst affected Western part of the country. Most clients are still living at home.

Trained volunteers visit clients at least four times a week, giving both emotional and material support. Banyenzaki explains: "It is no good telling a client's family to wash him or her carefully and change bed linen often, when they cannot afford soap or even one pair of sheets. In such situations, Taso can provide a little help, although we are careful not to be seen as a handout organization."

Taso also supplies some nutritious foods such as milk, eggs and tinned fish and would like to be able to provide supportive drugs to counteract the opportunistic illnesses which AIDS sufferers are prone to.

Uganda's new Minister of Health, Al-Haji Adoko Nekyoo, has shown interest in Taso's work, visiting the office at Mulago Hospital twice, and the Ministry has made some drugs available to Taso. However, the attitude of many in the health profession was typified by a doctor who recently asked Rose: "How can you waste drugs on these people? They are going to die anyway."

A psychiatrist working in Kampala tells how he picked up a young boy obviously suffering from AIDS on the road to Masaka. "The poor fellow has spent all his savings on a trip to Kampala, where a hospital doctor had given him a pack of aspirin and told him to go back home."

Taso has run two workshops for nurses and doctors, so far, aiming to dispel fears and provide information. One of Taso's most exciting enterprises has been the investigation of local herbal medicines.

A herbalist, himself HIV positive, has been working with Taso to produce two remedies which can control the fevers and diarrhea which often afflict AIDS sufferers, and restore appetite. Six clients have been on a course of these remedies for several months and results have been very positive.

Nestor himself was confined to bed for a month with severe diarrhea earlier this year, but since taking the liquid medicine made from herbs gathered from the Masaka forests, he reports a dramatic improvement in his condition and adds: "Unlike many researchers, who jealously guard their own formulas, we want to be as open as possible. Our herbalist, who is himself a good advertisement for the products, being plump and healthy, has spoken on the radio about his work, and asked others with ideas to come forward."

The Minister of Health is now establishing a special fund to encourage further research in this area.

Noerine Kaleeba and Dr Katabira visited the UK in 1987, where they received training in counselling and met many key figures involved in the struggle against AIDS, both in the National Health Service and in voluntary organizations.

In particular they established links with the Sussex AIDS Helpline, whose director, Graham Wilkinson, comments: "We were very impressed by these people and what they are trying to do."

In particular it was striking how much our organizations had in common. While in Brighton we are mainly helping gay people, and in Uganda patients are mostly heterosexual, the problem of discrimination and loss of self-esteem which sufferers have to cope with are very much the same."

Amongst Taso's other initiatives is the establishment of an American-style "Buddies" network. Clients with particular emotional needs can receive regular visits from their "Buddy," and very often close supportive friendships are formed.

Clients are also encouraged to meet each other at Taso's premises regularly, to share problems and solutions, and it is hoped to open a community center for such meetings where training workshops can be held. Taso also feels the

need for a hospice, where patients who are too ill to be cared for at home can spend a few days if they need an intravenous drip or intensive nursing care.

Several leaflets have already been produced on living positively with AIDS, and the provision of an AIDS phoneline is also a long term goal.

Because AIDS is attacking the heterosexual population in Uganda, a great fear of many sufferers is what will happen to their children when they die. It is likely that in many cases the grandparents or aunts who would normally assume responsibility for these children's welfare might feel that they were somehow tainted with the disease, and be reluctant to support them.

The establishment of a fund for the welfare of orphans and widows, to ensure that children receive education and that the bereaved can stay in their home areas where they can feel some security, is another of Taso's urgent objectives.

Taso has received considerable financial support from the UK based charity, Action Aid, whose Uganda representative Colin Williams is the organization's director, and further support is pledged from World in Need.

VSO (Voluntary Service Overseas) is supplying a trained AIDS counsellor who will work closely with Noerine, training volunteers and Buddies as the scale of Taso's work expands.

AIDS has very often brought out the lowest in human nature: prejudice, neglect, cruelty and blind fear. It is therefore heartening to see the hope and courage which form the spirit of Taso.

Public information campaigns are good for morale, but AIDS attacks people individually, and the personal attention and support which Taso provides can be a lifeline for its victims.

THAILAND

Number of AIDS Cases Reaches 4,692 in February
*BK0403022389 Bangkok BANGKOK POST in English
4 Mar 89 p 3*

[All figures as published]

[Text] More than 500 people were found to have the HIV virus last month, according to a report on the latest AIDS situation in Thailand by the Public Health Ministry's AIDS Prevention Centre.

The report said the number of HIV cases rose by 593 from 4,171 in January to 4,682 last month, including 22 who had already left the country.

It said two more cases of AIDS-related complex (ARC) were diagnosed last month.

One of the ARC cases was a patient who had previously tested positive for the HIV virus.

The total number of registered ARC cases was 42 (35 males and two females)—an increase of two from January, the report said.

Most of them were in the 21-30 age group, it said.

The number of full-blown AIDS cases has increased from 10 to 11 with nine already dead.

The latest case is a three-month old baby girl who contracted the disease from her mother at birth.

A medical source said the baby was diagnosed at Samranadun Hospital to have developed the AIDS syndrome.

JORDAN

Two More AIDS Cases Discovered

54004521 Amman JORDAN TIMES in English
2-3 Feb 89 p 3

[Article by 'Abdallah Nassur]

[Text] Two more Acquired Immune Deficiency Syndrome (AIDS) cases have been discovered in Jordan, raising to 22 the total number of patients suffering from the dangerous disease in the kingdom.

A Health Ministry official said that one of the newly discovered patients contracted the disease through blood transfusion while the other was infected after receiving blood products while undergoing treatment abroad.

So far only 3 AIDS patients died of the disease in Jordan, according to the spokesman.

The last time the Ministry of Health announced the discovery of AIDS cases was last month when it was known that 3 patients were added to the list.

Of the 3 patients, 2 had contracted AIDS through blood transfusion, and blood products, while 1 was infected through sexual contact, all prior to 1986.

According to the spokesman the Ministry of Health has been launching campaigns to spread awareness among the public against the disease and ways to protect themselves from infection.

In 1987 the ministry announced the formation of a national committee charged with taking preventive measures to stem the spread of the killer disease by providing information to the public and by introducing measures at hospitals and blood banks.

The Health Ministry screens all amounts of donated blood, does not as a rule import blood or blood products without the proper certificate that they are AIDS-free and conducts additional tests on any amounts of imported blood in a bid to stem the spread of the disease.

CANADA

AIDS-Related Issues Reported

Experimental Drugs

54200034 Toronto *THE TORONTO STAR* in English
10 Feb 89 p A22

[Article by Kelly Toughill]

[Excerpts] Half a million yellow pills stored in a Scarborough warehouse have sparked a revolution in the way Ottawa handles the distribution of drugs for people with AIDS.

The recent decision to allow the sale of dextran sulphate, an unproven and untested chemical for pharmaceutical purposes, has startled scientists, doctors and activists on all sides of the issue. [Passage omitted]

"The whole drug-approval program is in a state of very rapid evolution," says Mary Carman-Kasperek, acting chief of drug regulatory affairs for the federal health department. "There are many influences that are changing the way we operate, but the AIDS component is...the most visible influence by far."

The best example is the move to allow the sale of dextran sulphate through a little-used loophole in the law called the emergency drug release program. Less than a year ago, federal health officials blocked the sale of the same drug because it hadn't been tested in the laboratory, on animals or on human beings.

"If Ottawa is willing to release dextran sulphate, it would appear they are willing to release absolutely anything," says Dr Michael Multon, co-chairman of a group of Toronto physicians who treat many people with AIDS.

The emergency drug release program was originally intended to help Canadians get access to drugs rarely needed in this country, such as drugs used to treat tropical diseases or leprosy. In essence, the program hands individual physicians the role usually played by government regulation: deciding whether a patient's risk of taking an unlicensed drug is greater or less than the danger of the illness without the drug. [Passage omitted]

AIDS activists applauded the decision to release dextran sulphate, even though few believe it is the wonder remedy many once had hoped.

"With catastrophic cases, the right to drug access is paramount," said George Smith, of the activist group AIDS Action Now.

Multon also supports the right of terminally ill patients to take experimental drugs but isn't sure that everyone seeking dextran sulphate fits that definition.

"Does catastrophic rights apply to someone who is infected with the (AIDS) virus but has no symptoms?" Hulton says.

Dr. Mary Fanning, who has treated hundreds of people with AIDS at Toronto General Hospital, supports the concept of catastrophic rights, but worries patients may underestimate the risk of taking experimental compounds.

"It's important to remember that an unproven drug is not necessarily better than nothing at all," she says. "We did a trial of cyclosporine after it was announced as the latest AIDS wonder drug. Our patients got sicker quicker, and died sooner than would have been expected without the drug. The point is that some drugs hurt people." [Passage omitted]

More than 84,000 people in the U.S. have diagnosed with AIDS, compared to 2,347 in Canada. It is estimated that up to 1.5 million Americans are infected with the AIDS virus, while up to 30,000 Canadians are infected.

Pharmaceutical companies have won permission to test 82 AIDS-related drugs on patients in the U.S. In Canada, companies have asked to test only 13 AIDS-related drugs; seven of these requests have been approved. [Passage omitted]

Prison Treatment

54200034 Windsor *THE WINDSOR STAR* in English
13 Feb 89 p A11

[Text] Prisoners wanting to protect themselves from AIDS should receive condoms and bleach to sterilize needles, protesters marching outside the Toronto Jail said on the weekend.

Prisoners with AIDS receive inferior medical treatment, guards aren't educated about how the disease is spread and there are no measures to stem the spread of the fatal and contagious disease, demonstrators said Saturday.

"What's happened at the Don Jail is a manifestation of what's happening across the country," said Tim McCaskell of AIDS Action Now.

Last week, a guard at the jail claimed a prisoner with acquired immune deficiency bit him, prompting guards to threaten to strike if their concerns about prisoners with the disease weren't met.

Police have said the guard's complaint was unfounded, but prison officials transferred prisoners with AIDS to another facility.

North American Insurance Provision
54200034 Toronto *THE GLOBE AND MAIL*
in English 15 Feb 89 p B1

[Article by Angela Barnes]

[Text] North American Life Assurance Co. has become the first Canadian life insurer to formally establish a special provision to cover the costs of paying acquired immune deficiency syndrome claims.

The company wrote off a \$10-million AIDS provision against its 1988 profit. Even after the special provision and other unusual items, Toronto-based North American Life saw its profit rise 40.5 per cent to a record \$35.8-million.

The special provision covers the costs of all future AIDS claims on North American Life's existing business.

"We decided to bite the bullet and to take the hit in the current year, and get it over once and for all," William Bradford, president, said in an interview.

He said the move stemmed from a desire to protect the future benefits of policy holders, not from the company's experience with AIDS claims, which has been fairly good.

North American Life had 22 AIDS claims last year, resulting in payment of \$2-million in benefits, and 25 claims with payments totalling \$1.3-million in 1987.

Similar announcements of special AIDS provisions or reserves can be expected from other insurers. The federal Office of the Superintendent of Financial Institutions has instructed senior actuaries in each company to follow the recommendations of the Canadian Institute of Actuaries in establishing such provisions or reserves.

The institute last year designed a model that actuaries are to use in determining the number of AIDS claims that can be expected over the next 30 years. For example, the model incorporates the assumption there will be 1.2 AIDS deaths for each 1,000 30-year-olds in 1989. There are similar statistics for each age and sex group.

Sun Life Insurance Provision
54200034 Toronto *THE GLOBE AND MAIL*
in English 16 Feb 89 pp B1, B4

[Article by Angela Barnes]

[Excerpts] Sun Life Assurance Co of Canada turned in a 61 per cent increase in profit in 1988 despite taking a special provision of \$45-million to cover the costs of future acquired immune deficiency syndrome claims.

In addition to the hit on the bottom line, the company has set aside another \$55-million from surplus just in case AIDS claims prove to be worse than expected.

"We thought that \$45-million was more than ample to charge against earnings," said John McNeil, chairman. The company does not expect to need more than that to cover AIDS claims. However, it also earmarked the \$55-million out of surplus "just in case it turned out to be a real rainy day."

Sun is the second life company in two days to announce such reserves or provisions for AIDS claims. On Tuesday, North American Life Assurance Co said it had charged a special provision of \$10-million against its income statement for the same thing. [Passage omitted]

With Sun Life, as with North American Life, profits were so healthy last year that the special provisions did not hurt as much as they would otherwise.

Sun Life had a profit of \$248-million in 1988 after payment of dividends to policy holders, up 61 per cent from the previous year despite the special provision. North American showed a 40.5 per cent increase in profit to \$35.8-million.

Like most life insurers, Sun Life has already been hit with some AIDS claims; a recent one involving a payment of \$4.5-million to the family of a woman who received contaminated blood was especially memorable. Still, the company seems fairly optimistic about the long-term trend for AIDS claims. [Passage omitted]

The AIDS epidemic "is not going to break the life insurance industry, but what it is going to cause is a rise in premiums," Mr McNeil said.

So far, the Canadian life insurance industry—unlike its British counterpart where premium increases have been the order of the day—has been able to get by without raising the cost of policies despite the AIDS situation. This is because actuaries have been working into their calculations some very conservative assumptions on mortality. But Canadian insurers will need to raise prices in the future.

Mr. McNeil said the higher rates will likely show up first on term insurance policies, but "ultimately, it will be on everything." The increases, though, will be greatest on the term policies because there is not the cushion from the savings component of the policy that there is with whole life policies. Term policies only provide death benefits, whereas whole life policies provide a savings vehicle as well as the death benefits.

"I do not think there will be a dramatic increase in term rates in Canada (because of the AIDS situation), but there will be some." Increased taxation of life insurance companies will actually be more of a problem than AIDS claims, he suggested.

Spinal Meningitis Cases Increasing in Ontario

Incidence in Recent Years

54200035 Toronto *THE TORONTO STAR* in English
9 Feb 89 p A7

[Article by Doug Ibbotson]

[Excerpt] The number of spinal meningitis cases in Ontario is increasing, but health officials say this is part of the normal cycle of the disease.

A total of 26 cases were diagnosed across the province in January and 2 people have died, ministry spokesman Nino Wischniewski said yesterday.

Ten of those being treated for the disease are in Windsor, while another 11 are east of Metro in Durham Region, Peterborough and Victoria County.

One of those who died was a 10-year-old girl in Bethany, near Peterborough. More than 400 of the almost 700 students at the girl's school are being kept home by their parents this week.

20-year Low

The other fatality was a 28-year-old East York man who contracted meningitis in South Africa and died after returning to Metro.

There were 20 cases diagnosed and 4 deaths reported in Ontario in December, 10 cases and 1 death in November.

From a 20-year low of 49 cases and 1 fatality in 1983, incidence of the disease has been steadily increasing: 126 cases and 14 deaths last year; 127 cases and 14 deaths in 1987; 101 cases and 11 deaths in 1986.

The 20-year high occurred in 1973, when 158 people contracted the disease and 31 died.

"It was at a peak in the cycle in the early 1970s, then there was a downward trend in the early 1980s, and now it's rising again in the late 1980s," Wischniewski said.

Recent Cases

54200035 Toronto *THE TORONTO STAR* in English
16 Feb 89 p A10

[Excerpts] No new cases of meningitis have been reported in Metro, a York-Finch Hospital spokesman says.

A 17-year-old North York youth died on 3 February, 4 hours after being taken by his parents to York-Finch General Hospital.

But though isolated cases of meningitis, including 2 that have resulted in deaths in Metro have been reported across Ontario, none has been brought to the hospital's attention since Michael Rhone's death, hospital spokesman George Henderson said last night.

Meanwhile health officials in Niagara Region told Canadian Press yesterday that another unidentified person died from the disease in that area early last week.

There have been nearly 30 cases diagnosed across the province so far in 1989 and in total 5 people have died.

Besides Rhone, who was a student at C.W. Jefferys Secondary School in North York, a 10-year-old Peterborough-area girl and a 6-month-old baby in Sudbury have also died. A 28-year-old East York man also died after contracting the disease while in South Africa.

Rise in PCB Level Among Quebec Inuit Causes Concern

54200036 Toronto *THE GLOBE AND MAIL*
in English 7 Feb 89 p A4

[Text] Inuit officials in Northern Quebec are worried about recent findings that nursing mothers have dangerously high levels of toxic PCBs in their milk.

They are concerned the chemicals will affect the health of children and equally worried that frightened women will stop nursing their babies altogether.

"If the women stop breastfeeding, and with the cost of baby formula at \$17 a can, we will face a frightening number of cases of infant malnutrition," said Mary Kaye May of the Kativik Regional Health Council.

The study found that samples of mother's milk contained levels of polychlorinated biphenyls higher than those recorded anywhere else in the world where such studies have been conducted.

A special committee of residents will decide next week how to transmit the study's details to the 6,000 inhabitants of the area. The information program will start with a television and phone-in radio show to be broadcast in 14 villages on 19 February.

"There is no question of discouraging breastfeeding, given all the proven benefits it has for a child," Dr. Eric Dewailly said in a telephone interview. Dr. Dewailly led a team from the Laval University teaching hospital in Quebec City that did the study.

The research team is analyzing breast milk throughout Quebec in an attempt to map the extent of toxic contamination. Ottawa has been doing the same periodically on a national level.

The maximum PCB concentration considered safe by Ottawa is 1.5 parts per million. Dr. Dewailly's study of 24 samples from Hudson Bay Inuit—about one-third of all nursing mothers there in any one year—found an average concentration of 3.59 parts per million, and as high as 14.7.

By comparison, 48 samples from two cities further south, Baie Comeau and Limoilou near Quebec City, showed an average concentration of 0.76 parts per million. Dr. Dewailly said the average for Quebec is 0.5.

Ms May, an Inuit official in the regional centre of Povungnituk, said the findings brought "fear and great sadness" to the community, rather than anger.

Dr. Dewailly said the high PCB levels in the Inuit are probably due to heavy consumption of fish and of fat from marine animals such as seal, walrus and beluga whale—all foods in which PCBs tend to be concentrated.

The toxins are carried north from the Great Lakes and other southern pollution sources through the atmosphere, descending with rain and snow.

Because of the high cost of non-traditional foods, and because the eating of blubber has been shown to protect the Inuit against heart disease, health officials will not advise them to change their menu, Dr. Dewailly said.

None of the children nursed on the PCB-laden milk have shown any of the health problems associated with PCBs, including skin rashes, liver problems and weakened immune systems.

Nevertheless, provincial health officials are asking for financing to research and monitor the contamination. Dr. Dewailly's team has proposed following the region's nursing mothers and their children for a year to detect early symptoms of trouble.

In the meantime, health officials intend to counsel women individually. Those who show very high levels of PCBs might be advised to reduce nursing to 12 or 18 months and could be given financial assistance to buy baby formula.

PCBs were used as coolants in electrical transformers until they were banned several years ago. Dr. Dewailly predicts their presence in the Arctic will gradually disappear, just as the concentration of DDT has fallen since the use of that pesticide was banned.

DENMARK

Minister Announces New AIDS Information Campaign

54002466c Copenhagen INFORMATION in Danish
9 Jan 89 p 4

[Article by abs: "Phase Two in the AIDS Campaign"]

[Text] The Health Administration will submit to Minister of Health Elsebeth Kock-Petersen (Liberal Party) a report on the so-called Phase 2 in the campaign against

AIDS. This phase, which is more target oriented than the general information on AIDS available to the public, has been long in coming. Until now there have only been announcements in weekly magazines, among others, directed to bisexual men.

In the budget bill for this year, 400,000 kroner is appropriated for Denmark's Bleeders Association; 200,000 kroner for the Positive Group and 780,000 kroner for the Federation of Homosexuals and Lesbians. The AIDS project pool which is administered by the Health Administration, did not use up its resources last year. As a result, the government proposed to reduce the amount to 7 million kroner. The AIDS pool has, however, 9 million kroner at its disposal for this current year as well.

Aids-Free Certificate for Life Insurance Instituted

54002466a Copenhagen INFORMATION in Danish
29 Dec 88 p 4

[Article by RB: "Aids Test for Life Insurance"]

[Text] By this spring, all customers will have to present a doctor's certificate stating that they are not infected with AIDS if they want to obtain a life insurance policy worth over 2 million kroner, writes FREDERIKSBORG AMTS AVIS on Wednesday.

By this action, the insurance conditions in Denmark will resemble the regulations that have applied for a long time in numerous other countries, although the limits are often lower.

Gonorrhea Incidence Lowest in 120 Years

54002466b Copenhagen INFORMATION in Danish
2 Jan 89 p 5

[Article by RB: "Fewer Have Gonorrhea"]

[Text] The number of gonorrhea cases in Denmark in 1988 was the lowest in the 120 years since records of the disease have been kept, writes MORGENAVISEN JYLLANDS-POSTEN on Sunday.

The exact figure is not yet known, but it is definitely lower than the 3,671 cases recorded in 1987 which was the lowest in recent times.

There is no doubt among doctors that it is the fear of AIDS that has brought about the drop in gonorrhea infection, writes JYLLANDS-POSTEN.

The drop is greatest among homosexual men who were the first and most consistent group to practice safe sex, writes the paper.

Influenza Cases Continue To Increase

54002466d Copenhagen INFORMATION in Danish
6 Jan 89 p 4

[Article by abs: "More Viruses Give Influenza Symptoms"]

[Text]

Still Only One Definite Case

The National Serum Institute does not yet want to reject the possibility that the country may be hit with a real influenza epidemic.

"That is like telling a fortune by reading the dried out dregs in a coffee cup," Chief Physician Henrik Zoffmann of the institute's Epidemiology Department tells INFORMATION.

The number of sick people has risen from 6,000 the week before Christmas to 10,000 at the end of the week between Christmas and New Year's but that could be a coincidence as many doctors take vacation during the Christmas season, says Zoffmann.

The situation has, however, not yet reached the proportions it has in Sweden with almost 35,000 cases. In certain areas of central Sweden, which was particularly hard hit, the epidemic caused the closing of certain hospital wards because of a shortage of staff, and the regular doctors' reports were not filed. The doctors were simply too busy.

So far, only one definite case of this influenza type has been found here at home. This case occurred in Roskilde the middle of last month. Other laboratory tests have proven negative.

Same Disease Picture

—On Wednesday, it was reported from the National Serum Institute that a number of Danes have suffered from "influenza-like" symptoms but have, however, not been hit with a real influenza. How can it be differentiated when the fever can get up to around 41 degrees [Celsius] with headache, vomiting, sore muscles and so forth?

"We do not doubt that several of those people may have had influenza but it has not had an epidemic impact. Many virus types produce influenza-like symptoms with upper respiratory aches and pains, headache, and corresponding high fever. Quite a number of those symptoms are therefore similar to influenza symptoms, but not all of those who were sick had influenza," says Henrik Zoffmann.

The reporting on such an epidemic happens in two ways. One is through a report from the practicing physicians at the end of the week and through laboratory tests that are sent to the institute for verification which is often in

connection with an actual hospitalization of a patient. It is, in fact, the latter one that can be the deciding factor as to whether the patient has a real influenza or not.

FINLAND

Youth Seen Especially Susceptible to AIDS Threat

Increased Venereal Disease

54002470 Helsinki HELSINGIN SANOMAT in Finnish
10 Jan 89 p 8

[Text] Venereal diseases among young people have increased considerably in recent decades, and the AIDS threat is also most serious among young people. The youth do not believe they could be infected because the risk has been strongly played down in Finland. In this way, the rug is being pulled from under the entire AIDS education, said Dr Sirkka-Liisa Valle in a meeting with young people on Monday in Helsinki.

"Medical Science 89" was an event that used a rock concert to get large numbers of young people to come to the Tavastia Club and be informed about AIDS, drugs, and violence. Surprisingly, the youth seemed to be more interested in the information than in the music; many left as soon as the presentations were over.

Sirkka-Liisa Valle reported that, in comparison with other venereal diseases, the HIV-infection is still rare among young people in Finland. About 13 percent of those infected through sex or intravenous drug use are under 25. The proportion of young people, however, continues to rise.

"Often one gets the HIV infection when one is young, but it shows up only after several years," Valle reminded everybody.

In Finland there are 29 HIV carriers who are under 25. Of those infected through sex, 18 percent were heterosexual. Most of them had brought the virus from abroad. Fifty-two percent of the infected were homosexual, and 70 percent of them were infected in Finland. Of the infected young people, 30 percent had gotten the virus abroad through intravenous drugs.

According to Valle, in 1987 in Helsinki, one out of six chlamydia cases and one out of 10 gonorrhea cases involved a young person between 15 and 19. Because infections of mucous membranes are common among sexually active youngsters, and because they increase one's sensitivity to HIV infection, this age group is a high-risk group.

"Young people must be educated now, when the situation is still relatively well under control. The risk is small now, but it is growing."

'Research and Development of AIDS Vaccine Waste of Money'

In the keynote address of the "Medical Science 89" conference, Professor Pekka Halonen was critical of research and development for an AIDS vaccine in Finland. He called it a waste of money in Finland since there are thousands of researchers working on it in international research centers.

In his speech, Halonen said, "Because the number of infected people in Finland is so small, there are no conditions even for research on the effectiveness and side effects of a vaccine. For his work on viral infections, he received this year's Matti Ayrappaa award.

On Monday Finnish AIDS researchers were not willing to comment on Halonen's speech. In Finland, about 1 million marks per year are used for research on the development of AIDS vaccine, among other things.

Few Pregnant Women Infected

54002470 Helsinki HELSINGIN SANOMAT in Finnish
11 Jan 89 p 12

[Text] The results of HIV-testing of pregnant women, begun 2 and 1/2 years ago in the Helsinki area, appear good. According to Olli Haikala, voluntary testing will be continued in the Helsinki area but will not be extended to the rest of the country at this point.

About 17,000 pregnant women have been tested. The refusal rate was less than 0.5 percent.

According to Haikala, testing was limited to the Helsinki area because 70 percent of the infected live in the capital area. The testing of pregnant women is regarded as a good, indirect way to monitor the spread of the disease in the heterosexual population. To date, only one pregnant woman tested positive for HIV antibodies.

Haikala says that "the testing of pregnant women is useful also as an indirect test of their sexual partners."

Of the babies of mothers with antibodies in their blood, 25-50 percent will be infected either prenatally or at birth. A mother can deliver her baby regardless of the risk.

Most tests of the AIDS virus are done in Helsinki. To date, one fifth of the people in the city—that is, 100,000 people—have been tested. In the entire country, about half a million people have been tested.

GREECE

Number of AIDS Carriers Increasing Rapidly

54002469 Athens ETHNOS in Greek 17 Jan 89 p 20

[Article by Artemi Domenikou: "AIDS: 17,000 Carriers in Greece"]

[Text] AIDS, the "plague of the century," is spreading at a rapid, frightening pace in Greece as well as world-wide.

Already, 170 Greeks have been attacked by the fatal disease, 79 have died, and the remainder are growing hopelessly weaker by the day.

As for carriers, there are already 17,000 in Greece, up from the 7,000 calculated last year at this time.

At least 50 percent of these will get the disease and die of AIDS.

The number of AIDS virus carriers is calculated on the basis of World Health Organization (WHO) studies and determinations, which estimate 50-100 new carriers for each infected person, according to Theodora Stefanou, director of public health at the Ministry of Health and a member of the National AIDS Committee.

On the basis of epidemiological studies—Stefanou continues—we calculate 50-100 new carriers for each infected person. Greece has 170 cases, therefore we have a minimum of 8,000 and a maximum of 17,000 carriers today! [passage omitted]

It should be noted that Stefanou was the first who, as an official of the Ministry of Health, revealed the danger of an AIDS epidemic to the top political officials as early as 1983 and fought successfully both to impose mandatory testing for blood-donors and to educate the public and "high-risk groups."

She also represents Greece in WHO, which on 31 December 1988 provided its member-states with figures for declared cases of AIDS throughout the world: 132,976 persons.

We add the dreadful figures by continent in table 1, along with comparable figures from 18 November 1988, also from WHO.

AIDS Cases Around the World

Continent	31 December 1988	18 November 1988
Africa	20,905	19,141
Americas	93,723	88,233
United States (only)	80,538	76,670
Asia	281	281
Europe	16,883	15,340
Oceania	4,794	1,119
Total	132,976	124,114

A clear picture of the spread of the "curse of the century" in Greece emerges from the report by the National AIDS Reporting Center at the Athens School of Public Health covering the period from its foundation in 1985 through the end of 1988.

Over 1,200 carriers of the AIDS virus came in and were tested voluntarily at the center!

According to figures from the center through 1 August 1988:

- 14.2 percent of AIDS-positive tests came from homosexuals/bisexuals.
- 36.1 percent were drug addicts.
- 40.3 percent were hemophiliacs.

Athens region hospitals provided 58.8 percent of the positive samples, while 30.8 percent came from Athens region AIDS centers.

Leishmaniasis Cases in Drama Area Reported 54002459 Athens 1 VRADYNI in Greek 20 Jan 89 p 3

[Excerpts] A 10-year-old girl has died from leishmaniasis. Another four children have been taken to hospitals suffering from the same disease.

A policeman was stricken while no one knows how many other people in Xiropotamos, Drama, have been stricken and do not know it.

In the face of the fear of "the black fever," the 3,000 inhabitants of the town have become disturbed. They closed down the Drama-Serrai national highway by blocking it with their tractors and other agricultural equipment at the 4-kilometer marker. They also closed the rural highway leading to Nevrokopi at the 7-kilometer marker.

This disease is rarely encountered. Before the war, it used to engulf people, but it has been a long time since it appeared. The victim is stricken with very high fever and his body turns blue. It is transmitted to humans by insects and dogs and is caused by a germ that attacks hogs.

The residents of Xiropotamos charge that the breeding place of the infection is a big hog-raising farm located 1 kilometer from the town where over 3,000 hogs are raised.

Mr I. Dermentzis, president of the community, told 1 VRADYNI, "No preventive measures are being taken. Garbage is thrown into seven big cisterns outside the hog farm. Last week, 150 dead animals were thrown out."

The little girl, Giota Tsinidou, died from leishmaniasis. This death caused the whole town to rise up in arms. The 10-year-old girl had been hospitalized in Salonica.

Another four children are being treated in hospitals, two of them in Salonica. [passage omitted]

The "black fever" also struck a policeman, I. Khatzimourgiannis, who is now recovering at his home in Fotolivos, Drama.

The number of people who have been stricken by this disease is not known. According to doctors, leishmaniasis is manifested a long time after infection occurs. [passage omitted]

SWEDEN

Number Infected With HIV Virus Rises Again 54002463a Stockholm DAGENS NYHETER in Swedish 26 Jan 89 p 6

[Article by TT: "More HIV Infected"]

[Text] The number of reported new cases of HIV infection increased during the last months of last year. The highest figure since May 1987 was reported in December.

Up to and including December 1988, 2,009 cases had been reported. Reported the same day were a total of 256 confirmed cases of AIDS and 121 deaths as a result of the disease.

This comes forth in a new statistical report from the National Bacteriological Laboratory [SBL]. Last year, 97 new cases of AIDS were reported, compared with 69 cases in 1987.

AIDS Link Studied in Survey of Stockholm Prostitutes, Clients 54002471 Stockholm NY DAG in Swedish 2 Feb 89 p 12

[Article by Anna Rutting: "Stockholm Administration of Social Services Studies 'Johns': Soon We Will Know Who 'He' Is"]

[Text] A project unique to Sweden is about to begin in Sweden. This project involves conducting a survey of johns, the prostitutes' clients. This survey will tell us who the men are who are buying sex, why, and how much they tell about their encounters.

The Administration of Social Services in Stockholm will head the survey which is done in combination with combating HIV infection. It has proven relatively easy to reach the prostitutes with information about AIDS but what about their clients?

There are 350 girls who practice street prostitution in Stockholm. This figure is certainly approximate but is in agreement with both the Social Services Administration and the police calculations but with the reservation that there is a hidden figure. A total of 350 prostitutes participated in a study which the Social Services Administration conducted last year.

In contrast to these figures are the approximately 100,000 Swedish men who go to a prostitute every year. We know that there are that many but that is about all we know; not why they buy sex, how often, how they live socially, or whether they keep this a secret.

"We simply want to get as complete a picture of these men as possible. Previously, we have had to go mostly by the picture from the women and they only see their clients for a very short while," says Lars-Christer Hyden who leads the study.

The objective is not an end in itself. The Social Services Administration also wants to chart the clients of the prostitutes in order to reach them with information about HIV and AIDS. It was the same objective behind the study of the prostitutes in Stockholm. At that time, however, it came to light that the number of infected persons was not as high as expected. Of 350 prostitutes, between 20-25 carried the HIV virus. Almost all were admitted to institutions and more or less removed from the streets.

Let Us Hear From You!

Obviously, it is difficult to reach the johns. "Unconventional" methods may have to be applied, thinks Lars-Christer Hyden. Many of these methods have been borrowed from similar studies in Oslo.

"Through mass media, radio, television, and newspapers, we intend to encourage men to let us hear from them. Later we plan to put up notices at the social welfare centers, and dermatology, and sex out-patient clinics."

"Unconventional? Well, for us perhaps it is. We are used to working mostly in the field; on the street directly."

The researchers already have certain theories available about how the prostitutes' clients look. By going through the girls' information, it has been possible to separate them into two large groups. One group consists of those who have occasional contacts with prostitutes, perhaps once or twice a year and mostly abroad. The other a large group that regularly visits prostitutes. It is not easy to reach this group and the men are not eager to change their sexual pattern.

Regulars

"We know that many street prostitutes have their regulars who are prepared to pay a higher price for not having to use a condom. That, of course, involves a great risk of infection."

"We know the most about street prostitution. On the other hand, we do not know much about the sex trade in bordellos, hotels, and the so-called call girls' activities. But, of course, myths and prejudices flourish. During the survey of street prostitution in Stockholm it became possible to quell such myths, namely that most of the girls who are in prostitution are abusers of some kind of substance."

"We were only able to find around 50 users of heavy drugs. They are, of course, run down physically, psychologically, and socially but perhaps more from the drug abuse than the prostitution."

"The rest of the prostitutes practised occasionally. They go on the street several times a month or several times a year. Some have other work, their own home and are socially established," says Lars-Christer Hyden.

—What if it has now been shown that prostitution in Sweden is not a particular source of infection of HIV and AIDS, is it then of importance to conduct such a survey?

"Yes," says Hyden. "Even if there is not a great spread of the infection through prostitution just now, it can happen later on. It is potentially a dangerous channel for infection. We do in fact know that many men visit brothels in Thailand where AIDS is widespread and they can carry the infection home with them."

It is expected that the survey will be completed by the turn of the year. The project is supported financially by a quarter of a million from the AIDS delegation. The report on women street prostitutes in Stockholm will be published in the coming weeks.

Increased Deaths Reported From Streptococcus Epidemic

54002463b Stockholm DAGENS NYHETER in Swedish
26 Jan 89 p 9

[Article by TT: "34 Deaths From Streptococcus: Unusually Deadly Bacteria Returns"]

[Text] The bacteria has not surfaced in many years. It is unusually aggressive. Certain people have a weak immune system against a couple of its effects.

That combination is assumed to be the explanation of the deaths caused by streptococcus which has been attacking Sweden lately.

Researchers at the clinical bacteriological laboratory of the regional hospital in Umea are doing the research under the leadership of Prof Stig Holm. This project has so far been undertaken without any additional grant from any source.

The National Bacteriological Laboratory [SBL] has now received reports on 34 deaths last year as a result of streptococcus infection.

The picture Prof Holm now paints of the serious disease is as follows:

The streptococcus type—group A, type I—which is the cause of the illness, has not led to any great disease outbreak since the fifties. That is why we have low resistance against it.

The streptococcus bacteria can secrete three different toxins—poisons—labeled A, B, and C toxins respectively. It has been shown that bacteria from persons who died produced strong B and C toxins.

Preliminary results of blood test analyses of blood from patients who died and patients who were seriously ill, show that the content of antibodies against the A type toxin was quite high among most of them. Those who died did, however, have lower levels of antibodies against the B and C type toxins than those who survived this serious infection. The quantity of antibodies did also increase gradually in that group.

The attempt to fully understand streptococcus disease continues and Prof Holm says that parts of the research can take a long time.

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